

# WELL LOG AND DRILLING REPORT

DNR 7802.05e

Ohio Department of Natural Resources  
Division of Geological Survey, 2045 Morse Road, Columbus, Ohio 43229-6605  
Phone (614) 265-6576

Well Log Number

**3015793**Page 1 of 1 for this record.

| WELL LOCATION                                                                                                  | CONSTRUCTION DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|-----------|------|----|-------|--|---------------|---|----|-------|--------|-------------|----|----|-------|--------|--------|----|----|-------|--|-----------|----|----|------|--|-------|----|-----|------|--|--------------|-----|-----|------|--|-------|-----|-----|-----------|--|-------|-----|-----|--|--|----------|-----|-----|
| County <u>COLUMBIANA</u> Township <u>MADISON</u>                                                               | Drilling Method: <u>AIR ROTARY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Owner/Builder <u>CHRIS REISS</u>                                                                               | <b>BOREHOLE/CASING</b> (Measured from ground surface)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| <u>14396 OHIO 45 SR</u><br>Address of Well Location                                                            | 1 { Borehole Diameter <u>9</u> inches Depth <u>36</u> ft.<br>Casing Diameter <u>6.625</u> in. Length <u>40</u> ft. Thickness <u>0.219</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| City <u>LISBON</u> Zip Code +4 <u>44432</u>                                                                    | 2 { Borehole Diameter _____ inches Depth _____ ft.<br>Casing Diameter _____ in. Length _____ ft. Thickness _____ in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Permit No. _____ Section; _____ and/or Lot No. _____                                                           | Casing Height Above Ground _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Use of Well <u>DOMESTIC</u>                                                                                    | Type { 1: <u>STEEL</u><br>2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| <b>Coordinates of Well</b> (Use only one of the below coordinate systems)                                      | Joints { 1: _____<br>2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Latitude, Longitude Coordinates                                                                                | <b>SCREEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Latitude: <u>40.693183</u> Longitude: <u>-80.705602</u>                                                        | Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Elevation of Well in feet: <u>1277.7</u> +/- _____ ft.                                                         | Type _____ Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Datum Plane: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 Elevation Source <u>DIGITAL MAP</u> | Set Between _____ ft. and _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Source of Coordinates: <u>DIGITAL MAP</u>                                                                      | <b>GRAVEL PACK</b> (Filter Pack)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Well location written description:                                                                             | Material/Size _____ Vol/Wt. Used _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | Method of Installation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | Depth: Placed From: _____ ft. To: _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | <b>GROUT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | Material <u>BENTONITE</u> Vol/Wt. Used <u>450 LBS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | Method of Installation <u>POURED (GRAVITY)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | Depth: Placed From: <u>0</u> ft. To: <u>40</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | <b>DRILLING LOG*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Comments on water quality/quantity and well construction:                                                      | FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Color</th><th>Texture</th><th>Formation</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>BROWN</td><td></td><td>SAND &amp; GRAVEL</td><td>0</td><td>10</td></tr><tr><td>BROWN</td><td>SHALEY</td><td>SAND &amp; CLAY</td><td>10</td><td>23</td></tr><tr><td>BROWN</td><td>COARSE</td><td>GRAVEL</td><td>23</td><td>35</td></tr><tr><td>BROWN</td><td></td><td>SANDSTONE</td><td>35</td><td>45</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>45</td><td>140</td></tr><tr><td>GRAY</td><td></td><td>SHALE &amp; COAL</td><td>140</td><td>160</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>160</td><td>190</td></tr><tr><td>DARK GRAY</td><td></td><td>SHALE</td><td>190</td><td>400</td></tr><tr><td></td><td></td><td>WATER AT</td><td>190</td><td>360</td></tr></tbody></table> | Color         | Texture | Formation | From | To | BROWN |  | SAND & GRAVEL | 0 | 10 | BROWN | SHALEY | SAND & CLAY | 10 | 23 | BROWN | COARSE | GRAVEL | 23 | 35 | BROWN |  | SANDSTONE | 35 | 45 | GRAY |  | SHALE | 45 | 140 | GRAY |  | SHALE & COAL | 140 | 160 | GRAY |  | SHALE | 160 | 190 | DARK GRAY |  | SHALE | 190 | 400 |  |  | WATER AT | 190 | 360 |
| Color                                                                                                          | Texture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Formation     | From    | To        |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| BROWN                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SAND & GRAVEL | 0       | 10        |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| BROWN                                                                                                          | SHALEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SAND & CLAY   | 10      | 23        |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| BROWN                                                                                                          | COARSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GRAVEL        | 23      | 35        |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| BROWN                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SANDSTONE     | 35      | 45        |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| GRAY                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHALE         | 45      | 140       |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| GRAY                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHALE & COAL  | 140     | 160       |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| GRAY                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHALE         | 160     | 190       |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| DARK GRAY                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHALE         | 190     | 400       |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WATER AT      | 190     | 360       |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| <b>WELL TEST *</b>                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Pre-Pumping Static Level <u>197</u> ft. Date <u>9/13/2023</u>                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Measured from <u>TOP OF CASING</u>                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Pumping test method <u>AIR</u>                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Test Rate <u>2</u> gpm Duration of Test <u>0.5</u> hrs.                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Feet of Drawdown <u>162</u> ft. Sustainable Yield <u>2</u> gpm                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| *(Attach a copy of the pumping test record, per section 1521.05, ORC)                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Is Copy Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          | Flowing Well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| <b>PUMP/PITLESS</b>                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Type of pump <u>SUBMERSIBLE</u> Capacity <u>10</u> gpm                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Pump set at _____ ft. Pitless Type _____                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Pump installed by _____                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| I hereby certify the information given is accurate and correct to the best of my knowledge.                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Drilling Firm <u>QUALITY WATER SYSTEMS</u>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Address <u>934 SALEM PARKWAY ST</u>                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| City, State, Zip <u>SALEM OH 44460</u>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| Signed <u>TRAVIS/SAMUEL MONG</u> Date <u>6/24/2024</u>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| (Filed Electronically)                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
| ODH Registration Number <u>001912</u> Last Revised on <u>8/1/2025</u>                                          | Aquifer Type (Formation producing the most water.) <u>SHALE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |
|                                                                                                                | Date of Well Completion <u>09/14/2023</u> Total Depth of Well <u>400</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |         |           |      |    |       |  |               |   |    |       |        |             |    |    |       |        |        |    |    |       |  |           |    |    |      |  |       |    |     |      |  |              |     |     |      |  |       |     |     |           |  |       |     |     |  |  |          |     |     |

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.  
Distribute copies of this record to Customer, and Local Health Department.